Case 17-80946 Doc 1 Filed 04/20/17 Entered 04/20/17 12:28:23 Desc Main Document Page 1 of 51

| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: | Identify Yourself | | |
|-----|---|---|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | your pictu exar licer Brin- iden | e the name that is on a government-issued ure identification (for mple, your driver's use or passport). g your picture tification to your the trustee. | Judy First name K. Middle name Bailey Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | use Inclu | other names you have d in the last 8 years ude your married or den names. | | |
| 3. | you num Indi | y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number N) | xxx-xx-6068 | |

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Debtor 1 Judy K. Bailey

Where you live

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: 600 Valley Drive, Apt 4A Morrison, IL 61270 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Whiteside County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code

Case number (if known)

Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Judy K. Bailey

| •ar | t 2: Tell the Court About | Your B | ankruptcy Ca | ise | | | |
|-----|---|-------------|-----------------|-------------------------------------|---|---|--|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Required by</i> f page 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box. | |
| | choosing to file under | Chapter 7 | | | | | |
| | | □ cı | hapter 11 | | | | |
| | | □ cı | hapter 12 | | | | |
| | | □ cı | hapter 13 | | | | |
| | | | | | | | |
| 3. | How you will pay the fee | • | about how yo | ou may pay. Typ attorney is subi | pically, if you are paying the fee yo | k with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with | |
| | | | | | tallments. If you choose this options (Official Form 103A). | n, sign and attach the Application for Individuals to Pay | |
| | | | | | | n only if you are filing for Chapter 7. By law, a judge may, | |
| | | | | | | ur income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out | |
| | | | the Application | on to Have the (| Chapter 7 Filing Fee Waived (Office | ial Form 103B) and file it with your petition. | |
| | | | | | | | |
|). | Have you filed for bankruptcy within the | ■ No |). | | | | |
| | last 8 years? | ☐ Ye | s. | | | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 0. | Are any bankruptcy | = N. | | | | | |
| | cases pending or being | ■ No | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Ye | S. | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | Do you rent your | | Go to I | ine 12. | | | |
| | residence? | ■ No |). | | | 4 | |
| | | ☐ Ye | _ | | | t you and do you want to stay in your residence? | |
| | | | | No. Go to line | | hidamont Against Vou (Form 101A) and file it with this | |
| | | | | bankruptcy per | | Judgment Against You (Form 101A) and file it with this | |

Document Page 4 of 51 Case number (if known) Judy K. Bailey Debtor 1 Part 3: Report About Any Businesses You Own as a Sole Proprietor Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs

immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Page 5 of 51 Document Case number (if known) Judy K. Bailey Debtor 1

Explain Your Efforts to Receive a Briefing About Credit Counseling

Part 5:

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

П

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | tor 1 Judy K. Bailey | | Docui | | mber (if known) |
|------|--|----------------------|-------------------------------|--|---|
| Part | 6: Answer These Quest | ions for Re | porting Purposes | | |
| | What kind of debts do you have? | 16a. | Are your debts primaril | ly consumer debts? Consumer debts are opersonal, family, or household purpose." | defined in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | | ly business debts? Business debts are delinvestment or through the operation of the business. | |
| | | | ☐ No. Go to line 16c. | , | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. | State the type of debts yo | ou owe that are not consumer debts or busi | ness debts |
| | | | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chap | pter 7. Go to line 18. | |
| | Do you estimate that after any exempt | ■ Yes. | | 7. Do you estimate that after any exempt pe available to distribute to unsecured credite | property is excluded and administrative expenses ors? |
| | property is excluded and administrative expenses | | ■ No | | |
| | are paid that funds will be available for | | □Yes | | |
| | distribution to unsecured creditors? | | | | |
| | | | | | |
| 18. | How many Creditors do you estimate that you | 1 -49 | | □ 1,000-5,000 □ 5001-10,000 | ☐ 25,001-50,000 ☐ 50,001-400,000 |
| | owe? | ☐ 50-99 ☐ 100-19 | 00 | ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 50,001-100,000 ☐ More than100,000 |
| | | ☐ 200-99 | - | ., | |
| 19. | How much do you ■ \$0 - 9 | | 50,000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion |
| | be worth: | | 001 - \$500,000 | □ \$50,000,001 - \$100 million | □ \$10,000,000,001 - \$50 billion |
| | | □ \$500,0 | 001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion |
| 20. | How much do you | \$0 - \$5 | 50.000 | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | | 01 - \$100,000 | ☐ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 | □ \$50,000,001 - \$100 million □ \$100.000,001 - \$500 million | \$10,000,000,001 - \$50 billion |
| | | □ \$500,0 | 001 - \$1 million | — \$100,000,001 - \$500 million | ☐ More than \$50 billion |
| Part | 7: Sign Below | | | | |
| For | you | I have exa | amined this petition, and I | declare under penalty of perjury that the in | formation provided is true and correct. |
| | | | | ter 7, I am aware that I may proceed, if eligil he relief available under each chapter, and | ble, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7. |
| | | | | did not pay or agree to pay someone who is d the notice required by 11 U.S.C. § 342(b) | |
| | | I request | relief in accordance with the | he chapter of title 11, United States Code, s | specified in this petition. |
| | | | y case can result in fines | nent, concealing property, or obtaining mone up to \$250,000, or imprisonment for up to 2 | ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | | K. Bailey | | huar 0 |
| | | Judy K. Signature | Bailey of Debtor 1 | Signature of De | DTOT 2 |
| | | Executed | on April 19, 2017 | Executed on | |
| | | | MM / DD / YYYY | | MM / DD / YYYY |
| | | | | | |

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Debtor 1 Judy K. Bailey

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Mark E. Zaleski | Date | April 19, 2017 |
|---|---------------|-------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Mark E. Zaleski | | |
| Printed name | | |
| Attorney Mark E. Zaleski | | |
| Firm name | | |
| 10 N. Galena Ave., #220 Freeport, IL 61032 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 815-233-0995 | Email address | attyzaleski@comcast.net |
| | | |
| Bar number & State | | |

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| De | ebtor 1 Judy K. Bailey | - | | | Case nun | nber (if known) | |
|--------|---|--|--|---|--|---|--|
| Pa | nt 6: Answer These Que | stions for I | Reporting Purposes | | | The strategy | |
| 16 | . What kind of debts do you have? | | | | | | |
| | | | Yes. Go to line 17 | | | | |
| | | 16b. | | | | | |
| | | | • | or invocation of thought | <i>isiness debts</i> are deb the operation of the b | ts that you incurred to obtain usiness or investment. | |
| | | | ☐ No. Go to line 16c | | | | |
| | | 40- | Yes. Go to line 17. | | | | |
| | _ | 16c. | State the type of debt | s you owe that are not con | sumer debts or busin | ess debts | |
| 17. | Are you filing under Chapter 7? | □ No. | i am not filing under C | hapter 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will | Yes. | I am filing under Chap are paid that funds wil | ter 7. Do you estimate that be available to distribute t | t after any exempt pro to unsecured creditors | perty is excluded and administrative expenses s? | |
| | be available for distribution to unsecured creditors? | ı | ☐ Yes | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-19 | | ☐ 1,000-5,00 ☐ 5001-10,00 ☐ 10,001-25, | 00 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | |
| | How much do you estimate your assets to be worth? | 5100,00 | 0,000 1 - \$100,000 01 - \$500,000 01 - \$1 million | □ \$50,000,00 | 1 - \$10 million 01 - \$50 million 01 - \$100 million 101 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | |
| 1 | How much do you estimate your liabilities o be? | □ \$100,00 | 0,000 1 - \$100,000 01 - \$500,000 01 - \$1 million | □ \$1,000,001 □ \$10,000,00 □ \$50,000,00 | | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion | |
| art 7 | Sign Below | | | | | | |
| ēor ye | - <u>-</u> | If I have che United State If no attorne document, I I request rel | esen to file under Chap es Code. I understand to ey represents me and I have obtained and rea ief in accordance with to d making a false statem case can result in fines | ter 7, I am aware that I may he relief available under ex did not pay or agree to pay d the notice required by 11 he chapter of title 11, Unite | y proceed, if eligible, ach chapter, and I cho someone who is not U.S.C. § 342(b). | property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, | |
| | | Executed on | | | Executed on MM / | DD/YYYY | |

Debtor 1 Judy K. Bailey Case number (if known) For your attorney, if you are I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed represented by one under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies certify that I have no knowledge after an inquiry that the information in the If you are not represented by an attorney, you do not need to file this page. /s/ Mark E. Zaleśki Date April 19, 2017 Signature of Attorney for Debtor MM / DD / YYYY Mark E. Zaleski Printed name Attorney Mark E. Zaleski Firm name 10 N. Galena Ave., #220 Freeport, IL 61032 Number, Street, City, State & ZIP Code Contact phone _815-233-0995 Email address attyzaleski@comcast.net Bar number & State

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Document

Page 10 of 51 Document Fill in this information to identify your case: Debtor 1 Judy K. Bailey First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known)

amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

☐ Check if this is an

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a Value of | ssets of what you own |
|-----|--|--------------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 13,000.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 13,000.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 3,000.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 9,070.00 |
| | Your total liabilities | \$ | 12,070.00 |
| Paı | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,900.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,895.00 |
| Pai | Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sch | nedules. |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

850.00 \$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Port A on Colondala E/E converte followings | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in th | nis information to ider | ntify your case | and this filing: | Paue 12 01 51 | | |
|--------------------------|-------------------------------|--------------------|--|---|---|--|
| Debtor 1 | Judy K. I | Bailey | | | | |
| | First Name | | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if | | | Middle Name | Last Name | | |
| United S | States Bankruptcy Cour | t for the: NOF | RTHERN DISTRICT OF | FILLINOIS | | |
| Case nu | ımher | | | | | Charlett this is an |
| Case III | | | | | | ☐ Check if this is an amended filing |
| | | | | | | |
| Offici | al Form 106A | √B | | | | |
| Scho | edule A/B: | Propert | ty | | | 12/15 |
| hink it fit nformatio | s best. Be as complete | and accurate as | possible. If two married | ce. If an asset fits in more thar people are filing together, both On the top of any additional p | h are equally responsible f | or supplying correct |
| Part 1: | Describe Each Residence | e, Building, Land | d, or Other Real Estate Y | ou Own or Have an Interest In | | |
| . Do you | ı own or have any legal o | or equitable inter | est in any residence, bu | ilding, land, or similar property | y? | |
| ■ No. | Go to Part 2. | | | | | |
| ☐ Yes | . Where is the property? | | | | | |
| Part 2: | Describe Your Vehicles | | | | | |
| someone | e else drives. If you leas | se a vehicle, als | | cles, whether they are regis | | ny vehicles you own that |
| 3.1 M | lake: Chevy | | Who has an interes | t in the property? Check one | | ed claims or exemptions. Put ecured claims on Schedule D: |
| | lodel: Cruz | | Debtor 1 only | | | Claims Secured by Property. |
| | ear: 2013 pproximate mileage: | 17000 | ☐ Debtor 2 only☐ Debtor 1 and Debtor 1 | otor 2 only | Current value of th entire property? | e Current value of the portion you own? |
| | ther information: | | <u> </u> | e debtors and another | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | Check if this is o | community property | \$6,000.0 | \$6,000.00 |
| | oles: Boats, trailers, mo | | | I vehicles, other vehicles, a els, snowmobiles, motorcycle | | |
| .page Part 3: | s you have attached to | or Part 2. Write | e that number here | ries from Part 2, including a | | \$6,000.00 Current value of the portion you own? Do not deduct secured |

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

Official Form 106A/B Schedule A/B: Property

| Debto | or 1 | Judy K. Bailey | <u>, </u> | Document Page : | Case number (if known) | |
|------------------|-------------------|--|--|--|---|---|
| | | | | art 3, including any entries | for pages you have attached | \$2,950.00 |
| Part 4: | Des | cribe Your Financia | al Assets | | | |
| Do yo | ou ow | n or have any leg | al or equitable interest in | any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | xampi No | | ve in your wallet, in your ho | | nd on hand when you file your petition | on |
| | | | | | Cash from wages | \$100.00 |
| | xamp | | | ounts; certificates of deposit; s with the same institution, list | shares in credit unions, brokerage ht t each. | nouses, and other similar |
| | | | | Institution name: | | |
| | | | 17.1. Checking | Community State | Bank, Morrison, IL | \$1,600.00 |
| <i>E.</i> ■ 1 | xampi No | | publicly traded stocks vestment accounts with bro | okerage firms, money market | accounts | |
| jo _ | oint ve | blicly traded stoc enture | k and interests in incorp | orated and unincorporated | businesses, including an interes | t in an LLC, partnership, and |
| ■ ! □ ` | | Give specific infor | mation about them Name of entity: | | % of ownership: | |
| N | legotia Ion-ne | able instruments in | clude personal checks, cas | otiable and non-negotiable is shiers' checks, promissory no ansfer to someone by signing | otes, and money orders. | |
| | | Give specific inforn | nation about them Issuer name: | | | |
| | xamp | nent or pension ad les: Interests in IR | | 103(b), thrift savings accounts | s, or other pension or profit-sharing | plans |
| | | ist each account s | separately. Type of account: | Institution name: | | |
| Y (| our sh xamp | | deposits you have made so | o that you may continue servi public utilities (electric, gas, v | ce or use from a company water), telecommunications compar | nies, or others |
| □ 1 | | | | Institution name or inc | dividual: | |
| | | | | Security deposit w Klemesrud | vith landlord Dale | \$450.00 |

Official Form 106A/B Schedule A/B: Property page 3

Document Page 15 of 51 Case number (if known) Judy K. Bailey Debtor 1 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits, unpaid loans you made to someone else □ No Yes. Give specific information.. Monthly social security \$1.900.00 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No

Case 17-80946

Doc 1

Filed 04/20/17

Entered 04/20/17 12:28:23

Desc Main

| | | Case 17-80946 | Doc 1 | Filed 04/20/17 | | 4/20/17 12:28:23 | Desc Main |
|--------------|----------------------|--|------------------|----------------------------|-----------------------|-----------------------------|------------------|
| Deb | tor 1 | Judy K. Bailey | | Document | Page 16 of | Case number (if known) | |
| | Yes. | Describe each claim | | | | | |
| 34. | Other o | contingent and unliquidate | ed claims of | every nature, includin | g counterclaims | of the debtor and rights to | set off claims |
| | No | | | | _ | _ | |
| | Yes. | Describe each claim | | | | | |
| 35. | Any fin | nancial assets you did not | already list | | | | |
| | No | | | | | | |
| | J Yes. | Give specific information | | | | | |
| 36. | | the dollar value of all of yo art 4. Write that number he | | | | | \$4,050.00 |
| Part | 5: De | scribe Any Business-Related | Property You | Own or Have an Interest i | n. List any real esta | ate in Part 1. | |
| 37. C | o you o | own or have any legal or equit | table interest i | n any business-related p | roperty? | | |
| | No. Go | to Part 6. | | | | | |
| | Yes. G | Go to line 38. | | | | | |
| | | | | | | | |
| Part | | scribe Any Farm- and Comme ou own or have an interest in fa | | | n or Have an Interes | st In. | |
| 46. I | Do you | ı own or have any legal or | equitable in | terest in any farm- or o | commercial fishir | ng-related property? | |
| | ■ No. | Go to Part 7. | | | | | |
| | ☐ Yes | . Go to line 47. | | | | | |
| | | _ | | | | | |
| Part | 7: | Describe All Property You C | Own or Have a | n Interest in That You Dic | Not List Above | | |
| 53. I | | have other property of ar | | | | | |
| | <i>Examp</i> ■ No | oles: Season tickets, country | club membe | rsnip | | | |
| | | Give specific information | | | | | |
| | | | | | | 1 | |
| 54. | Add t | the dollar value of all of yo | ur entries fro | om Part 7. Write that n | umber here | | \$0.00 |
| | | | | | | , | |
| Part | 8: | List the Totals of Each Part of | of this Form | | | | |
| 55. | Part 1 | 1: Total real estate, line 2 | | | | | \$0.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | | _ | \$6,000.00 | | |
| 57. | | 3: Total personal and hous | | , line 15 | \$2,950.00 | | |
| 58. | | 4: Total financial assets, li | | | \$4,050.00 | | |
| 59. | | 5: Total business-related p | • • • | | \$0.00 | | |
| 60. 61. | | 6: Total farm- and fishing-r 7: Total other property not | | | \$0.00 \$0.00 | | |
| ٠ | | | | | | | |
| 62. | Total | personal property. Add lin | es 56 through | າ 61 | \$13,000.00 | Copy personal property to | otal \$13,000.00 |
| 63. | Total | of all property on Schedu | le A/B. Add li | ne 55 + line 62 | | | \$13,000.00 |

Official Form 106A/B Schedule A/B: Property page 5

| | | | 1 | |
|---------------------|--------------------------|-------------------|---|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Judy K. Bailey | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | Claim as | Exempt |
|---------|----------|---------|-----------|----------|--------|
|---------|----------|---------|-----------|----------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | | |
|---|-----------------------------------|---|---|--|--|
| Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | | |
| \$6,000.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) | | |
| | | 100% of fair market value, up to any applicable statutory limit | | | |
| \$1,500.00 | | \$2,000.00 | 735 ILCS 5/12-1001(b) | | |
| | | 100% of fair market value, up to any applicable statutory limit | | | |
| \$150.00 | | \$150.00 | 735 ILCS 5/12-1001(b) | | |
| | | 100% of fair market value, up to any applicable statutory limit | | | |
| \$250.00 | | \$250.00 | 735 ILCS 5/12-1001(b) | | |
| | | 100% of fair market value, up to any applicable statutory limit | | | |
| \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) | | |
| | | 100% of fair market value, up to any applicable statutory limit | | | |
| | \$1,500.00 \$150.00 \$250.00 | \$1,500.00 \$150.00 \$50.00 \$\$50.00 | \$6,000.00 \$1,500.00 \$1,500.00 \$1,500.00 \$1,500.00 \$2,400.00 \$2,400.00 \$2,400.00 \$2,400.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$3,000.00 \$4,000.00 \$1,00% of fair market value, up to any applicable statutory limit \$150.00 \$150.00 \$250.00 \$250.00 \$250.00 \$250.00 \$250.00 \$3,000 \$1,00% of fair market value, up to any applicable statutory limit | | |

Case 17-80946 Doc 1 Filed 04/20/17 Entered 04/20/17 12:28:23 Desc Main Document Page 18 of 51

| Dei | ptor 1 Judy K. Balley | | | Case number (if known) | |
|-----|---|--------------------------------------|---------|---|--------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Debtor's clothing Line from <i>Schedule A/B</i> : 11.1 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(a) |
| | Ellie IIolii Genedale 745. TTT | | | 100% of fair market value, up to any applicable statutory limit | |
| | Rings, watches and misc. other items | \$350.00 | | \$350.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Misc. household implements and tools | \$150.00 | | \$150.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 14.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cash from wages Line from Schedule A/B: 16.1 | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |
| | Line Irom Scriedule A/B. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Community State Bank, Morrison, IL | \$1,600.00 | | \$950.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Monthly social security Line from Schedule A/B: 30.1 | \$1,900.00 | | \$1,900.00 | 735 ILCS 5/12-1001(g)(1) |
| | Ellie Holli Gelledale 74 B. 30.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every | | | iled on or after the date of adjustmer | nt.) |
| | ■ No | • | | , | , |
| | ☐ Yes. Did you acquire the property cove | red by the exemption w | ithin 1 | ,215 days before you filed this case | ? |
| | □ No | | | | |
| | □ Yes | | | | |

| Case 17-80946 | Doc 1 | Filed 04/20/17 Document | Entered Page 19 | d 04/20/17 12:2 | 8:23 Desc N | <i>M</i> ain |
|---|-----------------------|-------------------------------|--------------------|---|--|--------------------------|
| Fill in this information to identify you | ır case: | Dogniton | T (ICC, 13) | OI SI | | |
| | | | | | | |
| Debtor 1 Judy K. Bailey First Name | Mido | fle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) First Name | Mida | lle Name | Last Name | | | |
| | | ne Name | Last Name | | | |
| United States Bankruptcy Court for the | : NORTHI | ERN DISTRICT OF ILL | INOIS | | | |
| Case number | | | | | | c if this is an |
| | | | | | amen | ded filing |
| Official Form 106D | | | | | | |
| Schedule D: Creditors | Who H | lave Claims S | Secured | by Property | , | 12/15 |
| Be as complete and accurate as possible. s needed, copy the Additional Page, fill it number (if known). | | | | | | |
| . Do any creditors have claims secured b | y your proper | ty? | | | | |
| ☐ No. Check this box and submit t | his form to th | e court with your other | schedules. Yo | u have nothing else to | report on this form. | |
| ■ Yes. Fill in all of the information | below. | | | | | |
| Part 1: List All Secured Claims | | | | | | |
| 2. List all secured claims. If a creditor has | more than one | secured claim, list the cred | ditor separately | Column A | Column B | Column C |
| for each claim. If more than one creditor has much as possible, list the claims in alphabet | s a particular cl | aim, list the other creditors | in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 First Merit Bank | Describe the | e property that secures tl | he claim: | \$3,000.00 | \$6,000.00 | \$0.00 |
| Creditor's Name | 2013 Che | vy Cruz 17000 miles | S | | | |
| POB 148 Akron, OH 44309 | apply. | te you file, the claim is: | Check all that | | | |
| Number, Street, City, State & Zip Code | ☐ Continge☐ Unliquida | | | | | |
| | ☐ Disputed | ileu | | | | |
| Who owes the debt? Check one. | Nature of li | en. Check all that apply. | | | | |
| ■ Debtor 1 only | An agree | ment you made (such as n | nortgage or sec | ured | | |
| Debtor 2 only | car loan |) | | | | |
| ☐ Debtor 1 and Debtor 2 only | | lien (such as tax lien, med | hanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgmen | t lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | Other (in | cluding a right to offset) _ | | | | |
| Date debt was incurred | Last | 4 digits of account numb | oer | | | |
| Add the dollar value of your entries in C | Column A on ti | nis page. Write that numb | per here: | \$3,000 | 0.00 | |

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

If this is the last page of your form, add the dollar value totals from all pages.

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$3,000.00

| Fill in | | Documen | t Page 2 | 0 of 51 | |
|--|---|--|--|---|--|
| | this information to identify your ca | ise: | | | |
| Debto | Judy K. Bailey | | | | |
| | First Name | Middle Name | Last Name | | |
| Debto | r 2 if, filing) First Name | Middle Name | Last Name | | |
| | | | | | |
| United | States Bankruptcy Court for the: | NORTHERN DISTRICT O | FILLINOIS | | |
| | number | | | | |
| (if knowr | n) | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Offic | ial Form 106E/F | | | | |
| Sche | edule E/F: Creditors Wh | o Have Unsecur | ed Claims | | 12/15 |
| schedu schedu eft. Atta ame a | cutory contracts or unexpired leases the G: Executory Contracts and Unexpire le D: Creditors Who Have Claims Securach the Continuation Page to this page. and case number (if known). | ed Leases (Official Form 106 red by Property. If more space . If you have no information t | G). Do not include ce is needed, copy | any creditors with partially secuther Part you need, fill it out, num | red claims that are listed in other the entries in the boxes on the |
| Part 1 | | | | | |
| _ | any creditors have priority unsecured | claims against you? | | | |
| | No. Go to Part 2. | | | | |
| | Yes. | | | | |
| D = = 1 O | | | | | |
| Part 2 | | | | | |
| 3. Do | any creditors have nonpriority unsecu | red claims against you? | | | |
| 3. Do | | red claims against you? | with your other school | edules. | |
| 3. Do | any creditors have nonpriority unsecu | red claims against you? | with your other school | edules. | |
| 3. Do | any creditors have nonpriority unsecur | red claims against you? t. Submit this form to the court ms in the alphabetical order for each claim. For each claim | of the creditor who | holds each claim. If a creditor haype of claim it is. Do not list claims | already included in Part 1. If more |
| 3. Do | No. You have nothing to report in this parties. Yes. Stall of your nonpriority unsecured claims secured claim, list the creditor separately fun one creditor holds a particular claim, list mone creditor holds a particular claim, list mone creditor holds a particular claim, list mone creditor holds a particular claim, list | red claims against you? t. Submit this form to the court ms in the alphabetical order for each claim. For each claim | of the creditor who | holds each claim. If a creditor haype of claim it is. Do not list claims | already included in Part 1. If more |
| 3. Do | No. You have nothing to report in this parties. Yes. Stall of your nonpriority unsecured claims secured claim, list the creditor separately fun one creditor holds a particular claim, list mone creditor holds a particular claim, list mone creditor holds a particular claim, list mone creditor holds a particular claim, list | red claims against you? t. Submit this form to the court ms in the alphabetical order for each claim. For each claim the other creditors in Part 3.lf | of the creditor who | holds each claim. If a creditor haype of claim it is. Do not list claims | s already included in Part 1. If more s fill out the Continuation Page of |
| 3. Do | No. You have nothing to report in this part Yes. It all of your nonpriority unsecured claims secured claim, list the creditor separately fun one creditor holds a particular claim, list the Capital One Bank Nonpriority Creditor's Name | red claims against you? t. Submit this form to the court ms in the alphabetical order for each claim. For each claim the other creditors in Part 3.lf Last 4 digits or | of the creditor who listed, identify what to you have more than | p holds each claim. If a creditor hat ype of claim it is. Do not list claims three nonpriority unsecured claim | s already included in Part 1. If more s fill out the Continuation Page of |
| 3. Do | No. You have nothing to report in this part Yes. It all of your nonpriority unsecured claims secured claim, list the creditor separately fun one creditor holds a particular claim, list to 2. Capital One Bank Nonpriority Creditor's Name PO Box 790216 | red claims against you? t. Submit this form to the court ms in the alphabetical order for each claim. For each claim the other creditors in Part 3.lf Last 4 digits or | of the creditor who listed, identify what to you have more than | p holds each claim. If a creditor hat ype of claim it is. Do not list claims three nonpriority unsecured claim | s already included in Part 1. If more s fill out the Continuation Page of |
| 3. Do | No. You have nothing to report in this part Yes. It all of your nonpriority unsecured claims secured claim, list the creditor separately fun one creditor holds a particular claim, list the Capital One Bank Nonpriority Creditor's Name | red claims against you? t. Submit this form to the court ms in the alphabetical order for each claim. For each claim the other creditors in Part 3.lf Last 4 digits or When was the | of the creditor who listed, identify what i you have more than f account number debt incurred? | p holds each claim. If a creditor hat ype of claim it is. Do not list claims three nonpriority unsecured claim | s already included in Part 1. If more s fill out the Continuation Page of |
| 3. Do | No. You have nothing to report in this part Yes. Stall of your nonpriority unsecured claims secured claim, list the creditor separately fun one creditor holds a particular claim, list the 2. Capital One Bank Nonpriority Creditor's Name PO Box 790216 Saint Louis, MO 63179-0216 | red claims against you? t. Submit this form to the court ms in the alphabetical order for each claim. For each claim the other creditors in Part 3.lf Last 4 digits or When was the | of the creditor who listed, identify what i you have more than f account number debt incurred? | p holds each claim. If a creditor he ype of claim it is. Do not list claims three nonpriority unsecured claim | s already included in Part 1. If more s fill out the Continuation Page of |
| 3. Do | No. You have nothing to report in this part Yes. It all of your nonpriority unsecured claim secured claim, list the creditor separately for one creditor holds a particular claim, list the 2. Capital One Bank Nonpriority Creditor's Name PO Box 790216 Saint Louis, MO 63179-0216 Number Street City State ZIp Code | red claims against you? t. Submit this form to the court ms in the alphabetical order for each claim. For each claim the other creditors in Part 3.lf Last 4 digits or When was the | of the creditor who listed, identify what i you have more than f account number debt incurred? | p holds each claim. If a creditor he ype of claim it is. Do not list claims three nonpriority unsecured claim | s already included in Part 1. If more s fill out the Continuation Page of |
| 3. Do | No. You have nothing to report in this part Yes. Set all of your nonpriority unsecured claim secured claim, list the creditor separately fun one creditor holds a particular claim, list to 2. Capital One Bank Nonpriority Creditor's Name PO Box 790216 Saint Louis, MO 63179-0216 Number Street City State ZIp Code Who incurred the debt? Check one. | red claims against you? t. Submit this form to the court ms in the alphabetical order or each claim. For each claim the other creditors in Part 3.lf Last 4 digits or When was the As of the date | of the creditor who listed, identify what i you have more than f account number debt incurred? you file, the claim | p holds each claim. If a creditor he ype of claim it is. Do not list claims three nonpriority unsecured claim | s already included in Part 1. If more s fill out the Continuation Page of |
| 3. Do | No. You have nothing to report in this part Yes. It all of your nonpriority unsecured claim secured claim, list the creditor separately fun one creditor holds a particular claim, list to 2. Capital One Bank Nonpriority Creditor's Name PO Box 790216 Saint Louis, MO 63179-0216 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only | red claims against you? t. Submit this form to the court ms in the alphabetical order for each claim. For each claim the other creditors in Part 3.lf Last 4 digits or When was the As of the date Contingent Unliquidated Disputed | of the creditor who listed, identify what to you have more than f account number debt incurred? you file, the claim | p holds each claim. If a creditor have perfect the property of claim it is. Do not list claims three nonpriority unsecured claim 9535 see: Check all that apply | s already included in Part 1. If more s fill out the Continuation Page of |
| 3. Do | No. You have nothing to report in this part Yes. It all of your nonpriority unsecured claim secured claim, list the creditor separately fun one creditor holds a particular claim, list it 2. Capital One Bank Nonpriority Creditor's Name PO Box 790216 Saint Louis, MO 63179-0216 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only | red claims against you? t. Submit this form to the court ms in the alphabetical order or each claim. For each claim the other creditors in Part 3.lf Last 4 digits or When was the As of the date Contingent Unliquidated Disputed Type of NONP | of the creditor who listed, identify what i you have more than f account number debt incurred? you file, the claim | p holds each claim. If a creditor have perfect the property of claim it is. Do not list claims three nonpriority unsecured claim 9535 see: Check all that apply | s already included in Part 1. If more s fill out the Continuation Page of |
| 3. Do | No. You have nothing to report in this part Yes. It all of your nonpriority unsecured claims secured claim, list the creditor separately fun one creditor holds a particular claim, list to 2. Capital One Bank Nonpriority Creditor's Name PO Box 790216 Saint Louis, MO 63179-0216 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and anothed Check if this claim is for a communication. | red claims against you? t. Submit this form to the court ms in the alphabetical order or each claim. For each claim the other creditors in Part 3.lf Last 4 digits or When was the As of the date Contingent Unliquidated Disputed Type of NONP | of the creditor who listed, identify what i you have more than f account number debt incurred? you file, the claim | p holds each claim. If a creditor have of claim it is. Do not list claims three nonpriority unsecured claim 9535 is: Check all that apply d claim: | s already included in Part 1. If more s fill out the Continuation Page of Total claim \$4,800.00 |
| 3. Do | No. You have nothing to report in this part Yes. It all of your nonpriority unsecured claim secured claim, list the creditor separately fun one creditor holds a particular claim, list to 2. Capital One Bank Nonpriority Creditor's Name PO Box 790216 Saint Louis, MO 63179-0216 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another. | red claims against you? t. Submit this form to the court ms in the alphabetical order or each claim. For each claim the other creditors in Part 3.lf Last 4 digits or When was the As of the date Contingent Unliquidated Disputed Type of NONP | of the creditor who listed, identify what i you have more than f account number debt incurred? you file, the claim RIORITY unsecured is arising out of a separation of the country of th | p holds each claim. If a creditor have perfect the property of claim it is. Do not list claims three nonpriority unsecured claim 9535 see: Check all that apply | s already included in Part 1. If more s fill out the Continuation Page of Total claim \$4,800.00 |
| 3. Do | Any creditors have nonpriority unsecured. No. You have nothing to report in this part Yes. Secured claim, list the creditor separately for one creditor holds a particular claim, list to 2. Capital One Bank Nonpriority Creditor's Name PO Box 790216 Saint Louis, MO 63179-0216 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and anothed Check if this claim is for a commundebt | red claims against you? t. Submit this form to the court ms in the alphabetical order or each claim. For each claim the other creditors in Part 3.lf Last 4 digits or When was the As of the date Contingent Unliquidated Disputed Type of NONP unity Student loar Cobligations report as priority | of the creditor who listed, identify what i you have more than f account number debt incurred? you file, the claim RIORITY unsecured as arising out of a sepan y claims | p holds each claim. If a creditor have of claim it is. Do not list claims three nonpriority unsecured claim 9535 is: Check all that apply d claim: | s already included in Part 1. If more s fill out the Continuation Page of Total claim \$4,800.00 |

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| Debtor | 1 Judy K. Bailey | Case number (if know) | | | | | | |
|--------------------|---|--|---------------------|--|--|--|--|--|
| 4.2 | Chase | Last 4 digits of account number 6614 | \$980.00 | | | | | |
| | Nonpriority Creditor's Name Cardmember Service | When was the debt incurred? | | | | | | |
| | PO Box 15153 Wilmington, DE 19886-5153 | | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | Yes | ■ Other. Specify Credit card purchases | | | | | | |
| 4.3 | Home Shopping Network | Last 4 digits of account number 9247 | \$2,300.00 | | | | | |
| | Nonpriority Creditor's Name | | Ψ2,000.00 | | | | | |
| | POB 18260 | When was the debt incurred? | | | | | | |
| | Columbus, OH 43218 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | To a me date year me, and dammer of look an inac apply | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | Yes | ■ Other. Specify Credit card purchases | | | | | | |
| 4.4 | QVC | Last 4 digits of account number 7796 | \$990.00 | | | | | |
| | Nonpriority Creditor's Name | | 4000.00 | | | | | |
| | POB 960097 | When was the debt incurred? | | | | | | |
| _ | Orlando, FL 32896 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | , | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | | | | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | ■ No | | | | | | | |
| | Yes | ■ Other. Specify Credit card purchases | | | | | | |
| Part 3: | List Others to Be Notified About a Deb | ot That You Already Listed | | | | | | |
| | | bout your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if | | | | | | |
| is tryir have n | ng to collect from you for a debt you owe to so | meone else, list the original creditor in Parts 1 or 2, then list the collection agency here tyou listed in Parts 1 or 2, list the additional creditors here. If you do not have addition | . Similarly, if you | | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

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Debtor 1 Judy K. Bailey

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| Tatal | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 9,070.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 9,070.00 |

| | | | 111 1 11111 20 01 01 | |
|---------------------|--------------------------|-------------------|----------------------|--|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Judy K. Bailey | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Dale Klemesrud

State what the contract or lease is for
Debtor leases a residence from the above

| | | Docume | ent Page 24 d | of 51 | |
|--|--|--|---------------------------|--|------------------------|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Judy K. Bailey | | | | |
| 20210 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filin | ng) First Name | Middle Name | Last Name | | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numb | her | | | | |
| (if known) | | | | ☐ Check if this is a | n |
| | | | | amended filing | |
| Sched Codebtors Decople are ill it out, are | filing together, both are equal number the entries in the | re also liable for any deb ally responsible for supp boxes on the left. Attach | olying correct informat | as complete and accurate as possible. If two marr tion. If more space is needed, copy the Additiona to this page. On the top of any Additional Pages, | l Page, |
| our name | and case number (if known) | . Answer every question | | | |
| 1. Do y | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| Arizona No. | a, California, Idaho, Louisiana Go to line 3. Did your spouse, former spo | , Nevada, New Mexico, Pu | erto Rico, Texas, Wash | ry? (Community property states and territories includington, and Wisconsin.) | C |
| in line Form | 2 again as a codebtor only | f that person is a guaran | tor or cosigner. Make | r if your spouse is filing with you. List the person sure you have listed the creditor on Schedule D ()6G). Use Schedule D, Schedule E/F, or Schedule | (Official G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The creditor to whom you owe the Check all schedules that apply: | e debt |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | N | | | | |
| | Number Street City | State | ZIP Code | | |
| | | | | | |
| 3.2 | | | | ☐ Schedule D, line | |
| 1 | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| 1 | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Eill | in this information to identify your c | ace. | | | | 1 | | | |
|--------|---|---|--|-------------|---------------|---|---|------------------------------|--------------------------------------|
| | btor 1 Judy K. Bail | | | | | | | | |
| | btor 2 buse, if filing) | | | | _ | | | | |
| Uni | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| (If kr | fficial Form 106l chedule I: Your Inc as complete and accurate as posiplying correct information. If you use. If you are separated and you | sible. If two married peo are married and not fili Ir spouse is not filing wi | ng jointly, and your ith you, do not inclu | spouse i | s liv nati | 13 income MM / DD/ and Debtor 2), bing with you, income about your specific properties. | led filing nent showir e as of the f YYYY oth are equilude informouse. If m | mation about ore space is | 12/15 ible for your needed, |
| | ch a separate sheet to this form. The separate Sheet to this form. Describe Employment | On the top of any additi | onal pages, write yo | our name | anc | I case number (i | known). A | Answer every | question |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor | 2 or non-f | iling spouse | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status Occupation | ☐ Employed ■ Not employed | | | ■ Emp | oloyed | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | |
| | | How long employed to | here? | | | | | | |
| Esti | mate monthly income as of the duse unless you are separated. | | you have nothing to r | eport for a | any | line, write \$0 in th | e space. In | clude your nor | n-filing |
| - | ou or your non-filing spouse have more space, attach a separate sheet to | | ombine the informatio | n for all e | mple | oyers for that pers | on on the li | ines below. If y | you need |
| | | | | | | For Debtor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 0.00 | \$ | 0.00 | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 0.00 | \$ | 0.00 | |

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| Deb | tor 1 | Judy K. Bailey | = | C | Case number (if ki | nown) | | | | |
|-----|----------------|--|----------|------------|--------------------|-------------|--------------|---------------------|----------------|------------------|
| | Con | y line 4 here | 4. | | For Debtor 1 | 0.00 | | Debtor -filing s | | |
| _ | | | | | Ψ | <i>7.00</i> | Ψ | | 0.00 | _ |
| 5. | | all payroll deductions: | _ | | _ | | _ | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | | . — | 0.00 | \$ | | 0.00 | _ |
| | 5b. | Mandatory contributions for retirement plans | 5b | | . — | 0.00 | \$ | | 0.00 | _ |
| | 5c. 5d. | Voluntary contributions for retirement plans Required repayments of retirement fund loans | 5c 5d | | | 0.00 | * * | | 0.00 | _ |
| | 5e. | Insurance | 5e | | · —— | 0.00 | \$— | | 0.00 | _ |
| | 5f. | Domestic support obligations | 5f. | | · | 0.00 | \$- | | 0.00 | _ |
| | 5g. | Union dues | 5g | | | 0.00 | \$ | | 0.00 | _ |
| | 5h. | Other deductions. Specify: | 5h | 1.+ | | 0.00 | + \$ | | 0.00 | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ (| 0.00 | \$ | | 0.00 | _ |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 0.00 | \$ | | 0.00 | <u> </u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | ı. | \$ | 0.00 | \$ | | 0.00 | |
| | 8b. | Interest and dividends | 8b |). | | 0.00 | \$ | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | | | 0.00 | \$ | | 0.00 | _ |
| | 8d. | Unemployment compensation | 8d | | | 0.00 | \$ | | 0.00 | _ |
| | 8e. | Social Security | 8e |) . | \$1,900 | 0.00 | \$ | | 0.00 | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | | 0.00 | \$ | | 0.00 | _ |
| | 8g. | Pension or retirement income | 8g | , | | 0.00 | — | | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | _ 011 | 1.+ | \$ | 0.00 | + » <u> </u> | | 0.00 | <u></u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 1,900 | 0.00 | \$ | | 0.0 | 0 |
| 10 | Calc | culate monthly income. Add line 7 + line 9. | 10. | \$ | 1,900.00 | . \$ | | 0.00 | = \$ | 1,900.00 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | 1,900.00 | . 4- | | 0.00 | | 1,300.00 |
| 11. | State Inclu | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not a second control of the control of | depe | | • | | | | e J. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | 12. | \$ | 1,900.00 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form | ? | | | | | ' | Combi month | ned ly income |
| | | No. | | | | | | | | |
| | | Voc Evoloin: | | | | | | | | |

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| | | | | <u> </u> | | 1 | | |
|--------------|--|---|-------------------------------------|--|----------------------|-----------------|-------------------|---------------------------|
| Fill in | this informa | tion to identify yo | ur case: | | | | | |
| Debtor | r 1 | Judy K. Baile | э у | | | | k if this is: | |
| Debtor | r 2 | | | | | _ | An amended filing | ving postpetition chapter |
| | se, if filing) | | | | | _ | | the following date: |
| United | l States Bankr | uptcy Court for the | : NORTH | ERN DISTRICT OF ILLIN | OIS | - | MM / DD / YYYY | |
| Case n | number | | | | | | | |
| (If know | wn) | | | | | | | |
| Offi | icial Fo | rm 106J | | | | | | |
| | | J: Your | Evnor | 1606 | | | | 12/15 |
| Be as inform | complete a mation. If m per (if know | and accurate as ore space is ne n). Answer ever | possible eded, atta y questio | . If two married people ar | | | | or supplying correct |
| Part 1 1. | ls this a joir | ibe Your House it case? | noia | | | | | |
| | ■ No. Go to | | in a separ | ate household? | | | | |
| - | 00. ⊒00 N □ | | | | | | | |
| | □ Y | es. Debtor 2 mus | st file Offici | al Form 106J-2, Expenses | for Separate House | ehold of Debt | or 2. | |
| 2. [| Do vou have | e dependents? | ■ No | | | | | |
| | Do not list D | • | _ | Fill out this information for | Dependent's relat | ionshin to | Dependent's | Does dependent |
| | Debtor 2. | ebtor ranu | ☐ Yes. | each dependent | Debtor 1 or Debto | | age | live with you? |
| | Do not state | the | | | | | | □ No |
| C | dependents | names. | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | □ Yes □ No |
| | | | | | | | | □ NO □ Yes |
| | | | | | - | | · · | □ No |
| | | | | | | | | ☐ Yes |
| | | enses include | | No | | | | |
| | | f people other ti d your depende | han $_{oldsymbol{\sqcap}}$ | Yes | | | | |
| У | yoursen and | a your depende | iilo : | | | | | |
| exper | nate your ex | | our bankr | ly Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the va | alue of sucl | n assistance and | | government assistance in | | | Your exp | |
| (Offic | ial Form 10 | 61.) | | | | | Tour exp | enses |
| | | or home owners and any rent for the | | ses for your residence. In | nclude first mortgag | e 4. \$ | | 440.00 |
| li | If not includ | led in line 4: | | | | | | |
| 4 | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 |
| 4 | • | rty, homeowner's | • | | | 4b. \$ | | 0.00 |
| | | | • | ıpkeep expenses | | 4c. \$ | | 0.00 |
| | | owner's associat | | dominium dues our residence, such as ho | me equity loans | 4d. \$ 5. \$ | | 0.00 |
| | | | | 201 1631461166. SUUL AS HU | | | | |

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| Debtor 1 Judy K. Bailey | Case number (if known) |
|---|--|
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ 150 . |
| 6b. Water, sewer, garbage collection | 6b. \$ 50 . |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ 75 . |
| 6d. Other. Specify: cable/internet | 6d. \$ 50 . |
| Food and housekeeping supplies | 7. \$ 350 . |
| Childcare and children's education costs | |
| | |
| Clothing, laundry, and dry cleaning | 9. \$ |
|). Personal care products and services | 10. \$ |
| Medical and dental expenses | 11. \$50. |
| 2. Transportation. Include gas, maintenance, bus or train fare. | 12. \$ 150. |
| Do not include car payments. | ·-· • |
| 3. Entertainment, clubs, recreation, newspapers, magazines, and bo | |
| L. Charitable contributions and religious donations | 14. \$0. |
| 5. Insurance. | or 20 |
| Do not include insurance deducted from your pay or included in lines 4 15a. Life insurance | |
| | 15a. \$ 0 . |
| 15b. Health insurance | 15b. \$ |
| 15c. Vehicle insurance | 15c. \$ 75 . |
| 15d. Other insurance. Specify: | 15d. \$ 0 . |
| Taxes. Do not include taxes deducted from your pay or included in line | |
| Specify: | 16. \$ 0 . |
| 7. Installment or lease payments: | 47 0 |
| 17a. Car payments for Vehicle 1 | 17a. \$ 330 . |
| 17b. Car payments for Vehicle 2 | 17b. \$ 0 . |
| 17c. Other. Specify: | 17c. \$0. |
| 17d. Other. Specify: | 17d. \$ 0 . |
| Your payments of alimony, maintenance, and support that you did deducted from your pay on line 5, Schedule I, Your Income (Official | |
| Other payments you make to support others who do not live with | 11 FOITH 1001). |
| Specify: | 19. |
| Other real property expenses not included in lines 4 or 5 of this formula. | |
| 20a. Mortgages on other property | 20a. \$ 0 . |
| 20b. Real estate taxes | 20b. \$ 0. |
| | <u> </u> |
| 20c. Property, homeowner's, or renter's insurance | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$0. |
| 20e. Homeowner's association or condominium dues | 20e. \$ 0 . |
| . Other: Specify: | 21. +\$ 0. |
| 2. Calculate your monthly expenses | |
| 22a. Add lines 4 through 21. | \$ 1,895.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official | |
| | · |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ 1,895.00 |
| 3. Calculate your monthly net income. | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ 1, 900 . |
| 23b. Copy your monthly expenses from line 22c above. | 23b\$ 1,895. |
| 232. 33p) jour monthly expenses non-mile 220 above. | 1,093. |
| 23c. Subtract your monthly expenses from your monthly income. | |
| The result is your <i>monthly net income</i> . | 23c. \$ 5. |
| | |
| 4. Do you expect an increase or decrease in your expenses within th | |
| For example, do you expect to finish paying for your car loan within the year or d | you expect your mortgage payment to increase or decrease becau |
| modification to the terms of your mortgage? | |
| ■ No. | |
| Yes. Explain here: | |

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| Fill in this inform | mation to identify your | case: | | | |
|--|--|--------------------------|----------------------------|--|---|
| Debtor 1 | | | | | |
| Debior 1 | Judy K. Bailey First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number _ | | | | | |
| (if known) | | | | | Check if this is an amended filing |
| f two married performance file things that the state of t | eople are filing togethers form whenever you fi | n connection with a bank | nsible for supplying cor | rect information. s. Making a false state | ment, concealing property, or 0, or imprisonment for up to 20 |
| ŭ | n Below | one who is NOT an attor | ney to help you fill out h | pankruptey forms? | |
| | y or agree to pay some | one who is NOT all allor | ney to help you mi out t | Janki upicy forms: | |
| ■ No | | | | | |
| ☐ Yes. N | Name of person | | | | ruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | lty of perjury, I declare e true and correct. | that I have read the sum | mary and schedules file | ed with this declaratio | n and |
| X /s/ Jud | y K. Bailey | | X | | |
| Judy K | K. Bailey re of Debtor 1 | | Signature of | Debtor 2 | |
| Date / | April 19, 2017 | | Date | | |

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| Fill in this infor | mation to identify your | case: | | | |
|---|---|--------------------------|----------------------------|---------------------------|---|
| Debtor 1 | Judy K. Bailey | | | | |
| Debtor 2 | . , , , , , , , , , , , , , , , , , , , | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | inkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number _ | = | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Official Forn | n 106Dec | | | | |
| | | n Individual | Debtor's So | abodules | |
| | | iii iiidi viddai | Dentol 2 30 | nedules | 12/15 |
| Sign | Below | | | | |
| Did you pay | or agree to pay some | one who is NOT an attorn | ey to help you fill out ba | ankruptcy forms? | |
| ■ No | | | | | 7 |
| ☐ Yes. Na | ame of person | | | Attach Bankruptcy Petit | ion Preparer's Notice, ure (Official Form 119) |
| Under penalt | y of perjury, I declare the | | ary and schedules filed | with this declaration and | |
| X <u>/s/ Judy</u> Judy K. Signature | | x bailoy | X Signature of D | Debtor 2 | |
| Date Ar | oril 19, 2017 | _ | Date | | |

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| | in this inform | action to identify you | r 0000 | | | |
|-------------------|---|----------------------------|---|---|---|---|
| _ | | nation to identify you | r case. | | | |
| De | btor 1 | Judy K. Bailey First Name | Middle Name | Last Name | | |
| | btor 2 | First Name | Medalla Nissa | LeatMana | | |
| | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Bar | hkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| | se number nown) | | | | _ | Check if this is an mended filing |
| St Be a | as complete a | of Financial | | are filing together, both are | eankruptcy equally responsible for sup | |
| | | i). Answer every que | | this form. On the top of an | y additional pages, write you | u name and case |
| | | | arital Status and Where You | ı Lived Before | | |
| 1. | What is your | current marital statu | is? | | | |
| | ☐ Married■ Not married | ried | | | | |
| 2. | During the la | ist 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. List | t all of the places you | lived in the last 3 years. Do n | ot include where you live nov | ı. | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ldress: | Dates Debtor 2 lived there |
| 3. stat | | | | | ity property state or territory ico, Texas, Washington and W | |
| | ■ No □ Yes. Ma | ke sure you fill out Sc | hedule H: Your Codebtors (O | fficial Form 106H). | | |
| Pa | rt 2 Explain | n the Sources of You | ır Income | | | |
| 4. | Fill in the tota | I amount of income yo | mployment or from operating the received from all jobs and a have income that you receive | all businesses, including part | | ndar years? |
| | □ No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | r last calendar nuary 1 to De | year: cember 31, 2016) | ■ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Case number (if known) Document

Debtor 1 Judy K. Bailey

| | | | | Debtor 1 | | Debtor 2 | | |
|----|--|--|--|--|---|---|----------------------------|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | r the calend anuary 1 to | | | ■ Wages, commissions, bonuses, tips | \$26,000.00 | ☐ Wages, com bonuses, tips | imissions, | |
| | | | | ☐ Operating a business | | Operating a | business | |
| 5. | Include include and other winnings. List each s | come regard public bene If you are fil | dless of wheth fit payments; ing a joint cas the gross inco | er that income is taxable. E. pensions; rental income; into e and you have income that | vo previous calendar years xamples of other income are erest; dividends; money collet you received together, list it ately. Do not include income | alimony; child supp ected from lawsuits; only once under De | royalties; and ebtor 1. | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| | om January e date you f | | nt year until nkruptcy: | Inheritence | \$5,000.00 | | | |
| | | | | SSI Benefits | \$7,500.00 | | | |
| | r last calen nuary 1 to | | 31, 2016) | SSI Benefits | \$21,000.00 | | | |
| | | | | Inheritence income | \$7,000.00 | | | |
| | r the calend anuary 1 to | | | SSI Benefits | \$21,000.00 | | | |
| Pa | rt 3: List | Certain Pa | yments You | Made Before You Filed fo | r Bankruptcy | | | |
| 6. | Are either □ No. | Neither De | ebtor 1 nor D | s debts primarily consum lebtor 2 has primarily cons personal, family, or househ | sumer debts. Consumer deb | ots are defined in 11 | U.S.C. § 10 | 1(8) as "incurred by an |
| | | During the | 90 days befo | re you filed for bankruptcy, | did you pay any creditor a tot | al of \$6,425* or mo | re? | |
| | | □ No. | Go to line 7 | | | | | |
| | | ☐ Yes | paid that cre not include | editor. Do not include payme payments to an attorney for | | igations, such as ch | ild support a | nd alimony. Also, do |
| | | * Subject | to adjustment | on 4/01/19 and every 3 year | ars after that for cases filed o | n or after the date o | f adjustment | • |
| | Yes. | | | r both have primarily cons re you filed for bankruptcy, | sumer debts. did you pay any creditor a tot | al of \$600 or more? | , | |
| | | □ No. | Go to line 7 | | | | | |
| | | ■ Yes | include pay | | aid a total of \$600 or more ar obligations, such as child su | | | |
| | Creditor' | s Name and | d Address | Dates of paym | ent Total amount | Amount you | Was this p | payment for |

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Case number (if known) Debtor 1 Judy K. Bailey

| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | ayment for |
|-----|---|---|---|---|--|---|
| | First Merit Bank POB 148 Akron, OH 44309 | Monthly payment | \$330.00 | \$3,000.00 | ☐ Mortgage ■ Car ☐ Credit Ca ☐ Loan Re ☐ Suppliers ☐ Other | ard payment |
| 7. | Within 1 year before you filed for bankrupto Insiders include your relatives; any general par of which you are an officer, director, person in a business you operate as a sole proprietor. 11 alimony. | tners; relatives of any gen control, or owner of 20% o | eral partners; partner r more of their voting | erships of which yo g securities; and ar | u are a genera ny managing a | al partner; corporations gent, including one for |
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi. No Yes. List all payments to an insider | | ments or transfer a | nny property on a | ccount of a d | ebt that benefited an |
| | Insider's Name and Address | Dates of payment | Total amount | Amount you | | this payment |
| Par | t 4: Identify Legal Actions, Repossession | e and Foreclosures | paid | still owe | Include cred | nitor's name |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury of modifications, and contract disputes. No Yes. Fill in the details. Case title | | | | | t or custody |
| 10. | Case number Within 1 year before you filed for bankruptc Check all that apply and fill in the details below ■ No. Go to line 11. □ Yes. Fill in the information below. | | erty repossessed, f | oreclosed, garnis | hed, attached | d, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happened | d | | | property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca No Yes. Fill in the details. | use you owed a debt? | - | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date : taken | action was | Amount |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or ar ■ No □ Yes | | erty in the possessi | ion of an assigne | e for the bend | efit of creditors, a |

Debtor 1 Judy K. Bailey

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Case number (if known)

| Pai | tt 5: List Certain Gifts and Contributions | | | |
|-----|--|--|---|------------------------|
| 13. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. | ptcy, did you give any gifts with a total value of more t | han \$600 per person? | ? |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | |
| 14. | Within 2 years before you filed for bankru No | ptcy, did you give any gifts or contributions with a tota | al value of more than | \$600 to any charity? |
| | ☐ Yes. Fill in the details for each gift or co | ntribution. | | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | tal Describe what you contributed | Dates you contributed | Value |
| Dai | rt 6: List Certain Losses | | | |
| Э. | or gambling? No Yes. Fill in the details. | tcy or since you filed for bankruptcy, did you lose any | ining because of their | t, me, other disaster |
| | how the loss occurred | Describe any insurance coverage for the loss nclude the amount that insurance has paid. List pending nsurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Pai | rt 7: List Certain Payments or Transfers | | | |
| 16. | consulted about seeking bankruptcy or pr | tcy, did you or anyone else acting on your behalf pay or reparing a bankruptcy petition? eparers, or credit counseling agencies for services requires | | rty to anyone you |
| | □ No | | | |
| | Yes. Fill in the details. | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Attorney Mark E. Zaleski 10 N. Galena Ave., #220 Freeport, IL 61032 attyzaleski@comcast.net | \$825.00 for attorney fees \$335.00 for court filing fees \$40.00 for credit counseling fees/debtor education fees | | \$825.00 |
| 17. | | tcy, did you or anyone else acting on your behalf pay of tors or to make payments to your creditors? You listed on line 16. | or transfer any prope | rty to anyone who |
| | ■ No | | | |
| | Yes. Fill in the details. | December and relies of any many | Data reserves | A |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |

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Case number (if known) Document

Debtor 1 Judy K. Bailey

| Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | |
|---|---|--|---------------------------------------|-----------------------|---|---|--|
| | Person Who Received Transfer Address Person's relationship to you | Description and v property transferr | | | any property or s received or debts schange | Date transfer was made | |
| 19. | Within 10 years before you filed for bankrupte beneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details. | ust or similar device o | of which you are a | | | | |
| | Name of trust | Description and v | alue of the proper | ty transfer | red | Date Transfer was made | |
| Par | t 8: List of Certain Financial Accounts, Inst | ruments, Safe Deposit | Boxes, and Stora | ige Units | | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ No Yes. Fill in the details. | other financial accour | nts; certificates of | | | | |
| | | Last 4 digits of account number | Type of account instrument | cle m | ate account was osed, sold, oved, or ansferred | Last balance before closing or transfer | |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? No Yes. Fill in the details. | ear before you filed for | bankruptcy, any | safe depos | it box or other deposi | ory for securities, | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | Describe the contents | | Do you still have it? | |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 ye | ar before y | ou filed for bankrupto | y? | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | to it? | to it? Address (Number, Street, City, | | contents | Do you still have it? | |
| Par | t 9: Identify Property You Hold or Control fo | or Someone Else | | | | | |
| 23. | Do you hold or control any property that some for someone. No Yes. Fill in the details. | eone else owns? Inclu | ude any property <u>y</u> | ou borrow | ed from, are storing fo | or, or hold in trust | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | escribe the | property | Value | |
| Par | t 10: Give Details About Environmental Infor | mation | | | | | |
| For | the purpose of Part 10, the following definition | ns apply: | | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Judy K. Bailey

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | | | |
|-----|--|---|---|-------|-----------------------------------|--------------------|--|--|--|
| Rep | ort a | all notices, releases, and proceedings that | nt you know about, regardless of whe | n the | y occurred. | | | | |
| 24. | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | me of site Idress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | d | Environmental law, if you know it | Date of notice | | | |
| 25. | Hav | ve you notified any governmental unit of | any release of hazardous material? | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | me of site Idress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | d | Environmental law, if you know it | Date of notice | | | |
| 26. | Hav | ve you been a party in any judicial or adm | inistrative proceeding under any env | ironn | mental law? Include settlements a | and orders. | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Case Title Case Number | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ture of the case | Status of the case | | | |
| Par | t 11: | Give Details About Your Business or 0 | Connections to Any Business | | | | | | |
| 27. | Wit | hin 4 years before you filed for bankrupto | cy, did you own a business or have ar | ny of | the following connections to any | business? | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | |
| | | ☐ A partner in a partnership | | | | | | | |
| | | ☐ An officer, director, or managing exe | ecutive of a corporation | | | | | | |
| | | ☐ An owner of at least 5% of the voting | or equity securities of a corporation | | | | | | |
| | | No. None of the above applies. Go to P | art 12. | | | | | | |
| | | Yes. Check all that apply above and fill | | s. | | | | | |
| | Bu | siness Name | Describe the nature of the business | | Employer Identification number | | | | |
| | Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business expressions of the control of the contro | | | | | number or ITIN. | | | |
| 28. | | hin 2 years before you filed for bankrupto titutions, creditors, or other parties. | cy, did you give a financial statement | to an | nyone about your business? Inclu | de all financial | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | |
| | Ad | me Idress mber, Street, City, State and ZIP Code) | Date Issued | | | | | | |

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Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Judy K. Bailey Signature of Debtor 2 Judy K. Bailey Signature of Debtor 1 Date Date April 19, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ☐ No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this infor | mation to identify yo | ur case: | | | |
|---------------------------------------|--|----------------------------------|---|--|--------------------|
| Debtor 1 | Judy K. Bailey | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | inkruptcy Court for the | NORTHERN DISTRI | | | |
| Case number | _ | | | | |
| (if known) | | | | Check if the amended | |
| Official Fo | rm 107 | | | | |
| | | Affaire for Indi | viduala EVIII de la | _ | |
| Be as complete a | and accurate as need | Triairs for mar | viduals Filing for Ban | kruptcy | 4/1 |
| ulliber (if known | i). Answer every ques | attach a separate sheet tion. | ole are filing together, both are equ t to this form. On the top of any add | ditional pages, write your name a | orrect and case |
| Part 12: Sign B | elow | | | ! | |
| vicii a balikrupicy | swers on this Staten ect. I understand that case can result in fil 1341 4519, and 3571. | 100 UN fo \$350 000 | and any attachments, and I declar nt, concealing property, or obtainin nprisonment for up to 20 years, or | under penalty of perjury that the sum of the | ne answers |
| /s/ Judy K. Bath | Audio K | Britan | | I | |
| Judy K. Bailey | V // | Sign | ature of Debtor 2 | | |
| Signature of Debt | tor 1 | | | i | |
| Date April 19, 2 | 2017 | Date | | 1 | |
| id you attach add | litional name to Vo | Pantaman Com. | | | |
| No Yes | mariai pages to 700/ | Statement of Financial | Affairs for Individuals Filing for Ba | ankruptcy (Official Form 107)? | |
| id you pay or agre I _{No} | ee to pay someone w | ho is not an attorney to | help you fill out bankruptcy forms | ? | |
| Yes. Name of Pe | rson Attach th | e Bankruptcy Petition Pre | parer's Notice, Declaration, and Sign | ature (Official Form 119). | |

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| Fill in this inform | nation to identify your | case: | | | | |
|------------------------------------|--|-----------------------|---------------------|---|-----------------|---|
| Debtor 1 | | | | | | |
| Debior | Judy K. Bailey First Name | Middle Name | | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | | Last Name | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DIST | RICT OF ILL | INOIS | | |
| Case number | | | | | | |
| (if known) | | | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| | | | | | | |
| Official For | | | | | | _ |
| Statemen | t of Intentio | n for Indiv | <u>iduals</u> | Filing Under C | hapter 7 | 12/15 |
| If you are an indiv | vidual filing under cha | oter 7. vou must fill | out this for | m if: | | |
| | claims secured by yo | | | | | |
| | ed personal property a | | | . h. a. a. l | | the meeting of anotitions |
| | ver is earlier, unless th | | | bankruptcy petition or by tl use. You must also send co | | |
| | ople are filing together d date the form. | in a joint case, bot | th are equall | y responsible for supplying | correct inform | nation. Both debtors must |
| | nd accurate as possib our name and case nun | | needed, atta | ach a separate sheet to this | form. On the to | op of any additional pages, |
| Part 1: List Yo | ur Creditors Who Have | Socured Claims | | | | |
| | | | | | | |
| 1. For any credito information bel | | irt 1 of Schedule D | : Creditors V | Vho Have Claims Secured by | y Property (Off | icial Form 106D), fill in the |
| Identify the cre | ditor and the property the | nat is collateral | What do y secures a | ou intend to do with the pro debt? | perty that | Did you claim the property as exempt on Schedule C? |
| | | | | | | |
| Creditor's Fi name: | rst Merit Bank | | | ler the property. | | □ No |
| | | | | the property and redeem it. he property and enter into a | | ■ Yes |
| | 2013 Chevy Cruz 1 | 7000 miles | _ Reaffir | mation Agreement. | | |
| property securing debt: | | | ☐ Retain t | he property and [explain]: | | |
| | | | | | | |
| | ur Unexpired Persona | | in Schedule | G: Executory Contracts and | l Unexnired Le | ases (Official Form 106G), fill |
| in the information | n below. Do not list rea | l estate leases. Un | expired lease | es are leases that are still in oes not assume it. 11 U.S.C. | effect; the lea | se period has not yet ended. |
| Describe your ur | nexpired personal prop | perty leases | | | Wil | I the lease be assumed? |
| Lessor's name: | | | | | _ | NI- |
| Description of leas | sed | | | | | No |
| Property: | | | | | | Yes |
| Lessor's name: | | | | | | No |
| Description of lease Property: | sed | | | | _ | Voo |
| . roporty. | | | | | Ц | Yes |
| Lessor's name: | | | | | | No |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Debtor 1 Judy K. Bailey | Case number (if known) |
|--|------------------------|
| Description of leased Property: | ☐ Yes |
| Lessor's name: Description of leased Property: | □ No |
| Lessor's name: Description of leased | ☐ Yes |
| Property: Lessor's name: | ☐ Yes |
| Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No |
| | _ : 55 |

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| Deb | otor 1 Judy K. Bailey | Case number (if known) |
|------|---|--|
| | | |
| | | |
| | | |
| | | |
| Part | rt 3: Sign Below | |
| | ler penalty of perjury, I declare that I have indic perty that is subject to an unexpired lease. | ated my intention about any property of my estate that secures a debt and any personal |
| Χ | /s/ Judy K. Bailey | X |
| | Judy K. Bailey | Signature of Debtor 2 |
| | Signature of Debtor 1 | |
| | Date April 19, 2017 | Date |

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| Deb | tor 1 Judy K. Bailey | Case number (# known) |
|--------------|---|--|
| | | |
| Part | 3: Sign Below | |
| Jnde rope | erty triat is subject to an unexpired lease. | ion about any property of my estate that secures a debt and any personal |
| | Judy K. Bailey Judy K. Bailey Signature of Debtor 1 | Signature of Debtor 2 |
| : | Date _April 19, 2017 | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | | Liquidation | |
|------------|---|--------------------|--|
| \$24 | 5 | filing fee | |
| \$7 | 5 | administrative fee | |
| + \$1 | 5 | trustee surcharge | |
| \$33 | 5 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| • | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-80946 Doc 1 Filed 04/20/17 Entered 04/20/17 12:28:23 Desc Main Document Page 47 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Judy K. Bailey | | Case No. | | | | |
|-------------|--|---|---|--|----------|--|--|
| | | Debtor(s) | Chapter | 7 | | | |
| | DISCLOSURE OF COMPI | ENSATION OF ATTOI | RNEY FOR DE | BTOR(S) | | | |
| (| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fil be rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptcy, | or agreed to be paid | o me, for services rendere | ed or to | | |
| | For legal services, I have agreed to accept | | \$ | 825.00 | | | |
| | Prior to the filing of this statement I have received | d | \$ | 825.00 | | | |
| | Balance Due | | | 0.00 | | | |
| 2. | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 3. ′ | The source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed com | npensation with any other person | unless they are memb | ers and associates of my l | aw firm. | | |
| | ☐ I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n | | | | m. A | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | |
| 1 | a. Analysis of the debtor's financial situation, and ren.b. Preparation and filing of any petition, schedules, stc. Representation of the debtor at the meeting of cred.d. [Other provisions as needed] | atement of affairs and plan which | n may be required; | | y; | | |
| 6.] | By agreement with the debtor(s), the above-disclosed a Negotiations with secured creditors to reaffirmation agreements and applicat 522(f)(2)(A) for avoidance of liens on h actions, judicial lien avoidances, relief | reduce to market value; exc ions as needed; preparation ousehold goods; Represent | emption planning; and filing of motion attaction of the debto | ons pursuant to 11 US s in any dischargeabi | С | | |
| | | CERTIFICATION | | | | | |
| | I certify that the foregoing is a complete statement of a pankruptcy proceeding. | any agreement or arrangement for | payment to me for re | presentation of the debtor | (s) in | | |
| Α | April 19, 2017 | /s/ Mark E. Zalesi | ki | | | | |
| | Date | Mark E. Zaleski | | _ | | | |
| | | Signature of Attorne Attorney Mark E. | | | | | |
| | | 10 N. Galena Ave | e., #220 | | | | |
| | | Freeport, IL 6103 815-233-0995 Fa | | | | | |
| | | attyzaleski@com | | | | | |
| | | Name of law firm | | | | | |

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| | BANKRUPTCY CASE ATTORNEY/CLIENT AGREFMENT |
|--|---|
| | 1) Client Name: |
| | 2) Attorney Fee: Client will pay \$ \(\) \(\) as an advance payment retainer (this amount includes the court filing fee and the cost of the required credit counseling briefing). This fee covers the following attorney services: a) analysis of the client's financial situation and rendering advice in determining whether to file a petition in bankruptcy and under which chapter; b) preparation and filing of original petition, schedules and statement of financial affairs; c) representation of client at first meeting of creditors in Rockford. Attorney will begin working on Client's case and preparing the appropriate documents upon the receipt of a \$200.00 payment toward the total advance payment retainer. The first \$500.00 paid to the attorney is non-refundable under any circumstances. An explanation of the advance payment retainer is attached to this agreement. |
| | The above fee does not include the following services: a) representation of client in any dischargeability action, lien avoidance action, relief from stay action or any adversary proceeding; b) negotiations with secured creditors such as mortgage or auto lenders; c) representation at creditor's meeting continued due to client's failure to appear at first meeting; d) preparation of amended documents caused by client's failure to provide accurate information; e) preparing/processing reaffirmation agreements. |

WE <u>MUST</u> HAVE THE PAST 60 DAYS OF ALL PAY STUBS AND PAST 2 YEARS OF TAX RETURNS PRIOR TO FILING YOUR BANKRUPTCY CASE. IF WE DO NOT HAVE THESE DOCUMENTS, YOUR CASE <u>WILL NOT</u> BE FILED!

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|--|---|--------------------------------------|----------------------------------|-------|
| P2020 (Farm 2000) (424- | • | | | |
| B2030 (Form 2030) (12/15) | TI 4. 10 | | | |
| | United States Bankruptcy Northern District of Illino | Court is | | |
| In re Judy K. Bailey | | Case N | lo. | |
| | Debtor(s) | Chapte | | |
| DISCLOSURE O | F COMPENSATION OF ATTO | DNEV EOD | DEDEOD (C) | |
| compensation paid to me within one year be rendered on behalf of the debtor(s) in a | Bankr. P. 2016(b), I certify that I am the atto before the filing of the petition in bankrupte contemplation of or in connection with the ba | rney for the above i | named debtor(s) and that | or to |
| For regar services, I have agreed to a | ccept | • | | |
| Prior to the filing of this statement I | have received | \$ | 825.00 | |
| Balance Due | | \$ | | |
| 2. The source of the compensation paid to m | a was- | | 0.00 | |
| ■ Debtor □ Other (specify | | | | |
| 3. The source of compensation to be paid to | | | | |
| _ | | | | |
| ■ Debtor □ Other (specify |): | | | |
| ☐ I have agreed to share the above-disolo | isclosed compensation with any other person osed compensation with a person or persons v | | | firm. |
| - | and the maries of the people sharing in the | compensation is at | tached, | Α |
| In return for the above-disclosed fee, I hav | e agreed to render legal service for all aspect | s of the hankruntey | case including | |
| a. Analysis of the debtor's financial situati | on, and rendering advice to the debtor in dete chedules, statement of affairs and plan which ting of creditors and confirmation hearing, an | ermining whether to | o file a petition in bankruptcy: | |
| reaffirmation agreements and 522(f)(2)(A) for avoidance of I | disclosed fee does not include the following editors to reduce to market value; exe applications as needed; preparation iens on household goods; Representaces, relief from stay actions or any oth | mption planning and filing of mot | ions pursuant to 11 USC | |
| | CERTIFICATION | 7 | · | |
| I certify that the foregoing is a complete statchis bankruptcy proceeding. | tement of any agreement or arrangement for | Syment to me for r | epresentation of the dahta-(a) | |
| | | | opresentation of the section(c) | |
| April 19, 2017 Date | /s/ Mark E. Zaloski | | | |
| | Mark E. Zaleski Signature of Autorney | | | ļ |
| | Attorney Mark E. Z | aleski | | |
| | 10 N. Galena Ave., Freeport, IL 61032 | #220 | | |
| | 815-233-0995 Fax: | 815-232-3227 | | |
| | attyzaleski@comca | ast.net | | |
| | Name of law firm | | | |

United States Bankruptcy Court Northern District of Illinois

| | | Northern District of Illinois | | |
|-------|---|---|--------------------------------|---------------|
| In re | Judy K. Bailey | Debtor(s) | Case No | |
| | VI | ERIFICATION OF CREDITOR N | | |
| | | Number o | f Creditors: | 6 |
| | The above-named Debtor(s (our) knowledge. |) hereby verifies that the list of cred | itors is true and correct to t | he best of my |
| Date: | April 19, 2017 | /s/ Judy K. Bailey Judy K. Bailey Signature of Debtor | | |

Capital One Bank PO Box 790216 Saint Louis, MO 63179-0216

Chase Cardmember Service PO Box 15153 Wilmington, DE 19886-5153

Dale Klemesrud

First Merit Bank POB 148 Akron, OH 44309

Home Shopping Network POB 18260 Columbus, OH 43218

QVC POB 960097 Orlando, FL 32896